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Bib Data Sheet

CONFIRMATION NO. 6311

<b>SERIAL NUMBER</b> 10/782,614	<b>FILING OR 371(c) DATE</b> 02/19/2004 <b>RULE</b>	<b>CLASS</b> 702	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 3583.1
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/448,741 02/19/2003 and claims benefit of 60/458,141 03/26/2003  
~~and claims benefit of 60/448,781 02/20/2003 \*~~

~~(\*) Data provided by applicant is not consistent with PTO records.~~ **MM**

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/17/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <b>MM</b>	Initials		

**ADDRESS**

22886

**TITLE**

Methods for oligonucleotide probe design

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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